

MEMBERSHIP DUES FORM

**CAMPTON EDUCATION SUPPORT STAFF PERSONNEL
AFT-NH Local #6004, AFT, AFL-CIO**

AUTHORIZATION FOR PAYROLL DEDUCTION

NAME: _____

I hereby request and authorize you to deduct union dues in the amount established by the Campton Educational Support Staff Personnel, AFT-NH Local #6004, AFT, AFL-CIO. The amount shall be paid to the Treasurer of the Campton Educational Support Staff Personnel, AFT-NH Local #6004, AFT, AFL-CIO, and represents payment for my union dues.

Employee's Signature

Home Address: _____

Home Phone #: _____

Home Email: _____

Job Title: _____